MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05444

5441

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Sykesville
LENGTH OF STAY (in this place) Since 5/11/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Maryland 0102-2
STREET ADDRESS (If rural give location) 232 W. Oldtown Road

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Blythe (Last) AFRICA

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: November 15, 1903

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: ---- None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel B. Africa

14. MOTHER'S MAIDEN NAME: Celeste Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Mrs. Virginia Africa, wife, Cumberland, Maryland.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

IMMEDIATE CAUSE (A) DUE TO Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Huntington's chorea — more than 6 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Psychosis with organic brain disease (Huntington's Chorea) more than 6 yrs

19A. DATE OF OPERATION: ---- 2

19B. MAJOR FINDINGS OF OPERATION ----

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ----

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ----

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) ---- M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐ ----

21F. HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from Spt. 13, 1949, to June 26, 1955, that I last saw the deceased alive on June 25, 1955, and that death occurred at 11:05PM, from the causes and on the date stated above.

SIGNATURE Martin Gross M. D. ADDRESS Sykesville, Md. DATE SIGNED June 26, 1955

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial — DATE THEREOF 6-29-55 — NAME OF CEMETERY OR CREMATORY Springfield — LOCATION (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REGISTRAR June 22, 1955 — REGISTRAR'S SIGNATURE C. Harry Weaver — 24. FUNERAL DIRECTOR Walter N. Haight — ADDRESS Sykesville, Md.

VS. A15 — 10 - 58

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

5442

05445
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: Springfield State Hospital
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Sykesville
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital Sykesville, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: Route #3 Sykesville
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Sykesville X
STREET ADDRESS Route #3 (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) FRANCES (Middle) ELIZABETH (Last) ARNOLD

4. DATE OF DEATH (Month) June (Day) 21 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 14 1858

9. AGE last birthday: 96 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sebastus Bowers

14. MOTHER'S MAIDEN NAME Susy Frizzell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT & ADDRESS: Mrs. Hershel Miller
Route #3 Sykesville Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 450.0 Bronchopneumonia — Interval Between Onset and Death: several days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Generalized Arteriosclerosis — Years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Thorsen M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 6/21/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF June 25, 1955

NAME OF CEMETERY OR ~~CREMATORY~~ Mt. Pleasant Cem.

LOCATION (City, town, or county) (State) Gamber Carroll, Md.

DATE REC'D BY LOCAL REG. June 23, 1955

REGISTRAR'S SIGNATURE C. Harry Eiker

24. FUNERAL DIRECTOR John R. Byers

ADDRESS Westminster, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05446

5443

CERTIFICATE OF DEATH

Reg. Dist. No. 82-83

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Woodbine

LENGTH OF STAY (in this place): 45 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine X

STREET ADDRESS (If rural give location): 1

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) L. (Last) BAILE

4. DATE OF DEATH: (Month) JUNE (Day) 16, (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9-30-1879

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer retired

10b. KIND OF BUSINESS OR INDUSTRY: own

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Fletcher Baile

14. MOTHER'S MAIDEN NAME: Sarah Ellen ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-01-6135

17. INFORMANT & ADDRESS: Mrs. Laura Baile, Woodbine, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: (a) Acute coronary thrombosis — Interval Between Onset And Death: few minutes

420.1

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. overweight

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I never attended the deceased ~~from ..., 19..~~ ~~to ..., 19...~~, that I last saw the deceased alive on May 13, 1955, and that death occurred suddenly at 3.10 AM on May 16, 1955, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bertrand M. Yaw M.D. Central Avenue, SYKESVILLE md 6-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 6-19-1955 — NAME OF CEMETERY ~~OR CREMATORY~~: Morgan Chapel — LOCATION (City, town, or county) (State): Carroll Co., Maryland

DATE REC'D BY LOCAL REGISTRAR: June 18 1955 — REGISTRAR'S SIGNATURE: Robert R. Hewitt

24. FUNERAL DIRECTOR — ADDRESS: C. M. Waltz, Winfield, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05447

5436

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:
COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 35 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Madison St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 66 Madison St.

3. NAME OF DECEASED: (Type or Print) (First) NETTIE (Middle) VIRGINIA (Last) BARBER

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 7 1886

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Hampstead Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles B. Rhoten

14. MOTHER'S MAIDEN NAME: Martha Houck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs Hendel S. Krebs, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial infarction — Interval Between Onset and Death: 24 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic C-V disease — years.

DUE TO

(c)

(260X)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus (Mild) — years.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1955, to June 28, 1955, that I last saw the deceased alive on June 27, 1955, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE James Y. Magness (DEGREE OR TITLE) M.D ADDRESS Westminster Md DATE SIGNED 6/28/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF June 30/55 NAME OF CEMETERY OR CREMATORY Westminster Cemetery LOCATION (City, town, or county) Westminster, Md. (State)

DATE REC'D BY LOCAL REG. 6-29-55 REGISTRAR'S SIGNATURE Harriet Miller

24. FUNERAL DIRECTOR J. S. Myers Jr. ADDRESS Westminster Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05448

CERTIFICATE OF DEATH

5444 Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sykesville
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) VIRGINIA (Middle) R (Last) BENEDICT
4. DATE OF DEATH: (Month) June (Day) 6 (Year) 19 55
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Oct 22-1872
9. AGE Last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Wachsmuth
14. MOTHER'S MAIDEN NAME: Elizabeth Hesson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Mrs Irma Ruby. Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Arterio Sclerotic Cardio Vascular Renal — Interval Between Onset And Death 4 yrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to June 6, 1955, that I last saw the deceased alive on June 6, 1955, and that death occurred at 10 p.m., from the causes and on the date stated above.
SIGNATURE W.C. Carlson Jr. (Degree or title) M.D. ADDRESS Hampstead, Md DATE SIGNED 6-7-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 9/1955 NAME OF CEMETERY OR CREMATORY Bunts LOCATION (City, town, or county) Carroll Co (State) Md
DATE RECD BY LOCAL REGISTRAR 6/7/55 REGISTRAR'S SIGNATURE Henry J. Ellis
24. FUNERAL DIRECTOR Edw A Tipton ADDRESS Hampstead Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05449

5445

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Taneytown
LENGTH OF STAY (in this place) 52 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 53

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Taneytown X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED (Type or Print): (First) Ulysses (Middle) H. (Last) Bowers

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/3/1872

9. AGE last birthday: 82 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mechanic

10B. KIND OF BUSINESS OR INDUSTRY: Garage

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Bowers

14. MOTHER'S MAIDEN NAME: Eleanor Hyser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-01-3192

17. INFORMANT & ADDRESS: Mrs. U.H.Bowers, Taneytown, Md,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis + Hypertension — 15 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Myocarditis + Myocardial Degeneration — 20 yrs

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1939, to June 27, 1955, that I last saw the deceased alive on June 27, 1955, and that death occurred at 1:35 A.M. E.S.T., from the causes and on the date stated above.

SIGNATURE R. S. McVaugh M.D. ADDRESS Taneytown, Md. DATE SIGNED 6/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 6/30/55

NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery

LOCATION (City, town, or county) (State): Taneytown, Maryland

DATE REC'D BY LOCAL REGISTRAR: June 28, 1955

REGISTRAR'S SIGNATURE: Ethel M Mehring

24. FUNERAL DIRECTOR ADDRESS: C.O.Fuss & Son, Taneytown, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05450

CERTIFICATE OF DEATH

5446

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Henryton
LENGTH OF STAY (in this place): 166 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 03 Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Anne Arun.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eastport 0210 2
STREET ADDRESS (If rural give location): 400 Chester Avenue V

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) Douglas (Last) Bowley

4. DATE OF DEATH: (Month) 6 (Day) 25 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 2-5-1900

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days / Hours / Min. IF UNDER 24 HRS.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Martin Bowley

14. MOTHER'S MAIDEN NAME: Rachel Keene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 216-07-3254

17. INFORMANT & ADDRESS: Daniel D. Bowley, 400 Chester Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

002X

Immediate cause (a) Coronary Occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Far advanced bilateral pulmonary tuberculosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10- ,19 55, to 6-25- ,19 55 that I last saw the deceased alive on 6-25- ,19 55, and that death occurred at 8:25 a.m., from the causes and on the date stated above.

SIGNATURE: T. T. Vedal M.D (Degree or title)

ADDRESS: Henryton, Maryland

DATE SIGNED: 6-25-55

23. BURIAL, CREMATION, REMOVAL (Specify): Buriel

DATE THEREOF: June 29/55

NAME OF CEMETERY OR CREMATORY: Brewer Hill

LOCATION (City, town, or county): Annapolis

(State): Md

DATE REC'D BY LOCAL REGISTRAR: 6-25-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: J. B. Johnson

ADDRESS: Annapolis

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05451

5447

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westminster
LENGTH OF STAY (in this place) 3 yr. 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) No better address

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ella (Last) Bready

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH: Aug 15-69 | 9. AGE last birthday 85 yrs | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher | 10B. KIND OF BUSINESS OR INDUSTRY: School | 11. BIRTHPLACE (State or foreign country): Jefferson Co. Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin F Bready | 14. MOTHER'S MAIDEN NAME: Harriet A Pitzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. Unk. | 17. INFORMANT'S ADDRESS: Mrs Stanley Reseicker

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331 X IMMEDIATE CAUSE (A) Cirebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 da

ANTECEDENT CAUSE (B) DUE TO Gen-Arterio Sclerosis — 15 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Hypertension — 8

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2 1952 to June 19, 1955, that I last saw the deceased alive on June 9, 1955, and that death occurred at 4:55 P.M. from the causes and on the date stated above.

SIGNATURE, M. D. M M Martin — ADDRESS Smithsburg — DATE SIGNED June 19 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6-22-55 | NAME OF CEMETERY OR CREMATORY Rosedale Cemetery | LOCATION (City, town, or county) Martinsburg | (State) W Va

DATE REC'D BY LOCAL REGISTRAR June 20, 1955 | REGISTRAR'S SIGNATURE C. Harry Weed

24. FUNERAL DIRECTOR E. C. Gartner | ADDRESS Smithsburg Md.

5448

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 05452

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 2 hrs +
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) not known

3. NAME OF DECEASED: (First) George (Middle) Roland (Last) Brodbeck
4. DATE OF DEATH (Month) 6 (Day) 5 (Year) 1955
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced
8. DATE OF BIRTH: ? - 1904
9. AGE Last birthday: 51 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Odr porter
10b. KIND OF BUSINESS OR INDUSTRY: Unk -
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unk -
14. MOTHER'S MAIDEN NAME: Unk -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Unk
(If Yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: Unk -
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) subdural hemorrhage — Interval Between Onset and Death: 2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) fracture of skull — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. C.B.S. due to alcoholism — Years

19a. DATE OF OPERATION: —
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY unknown
21c. (City or town) Baltimore (County) (State)
21d. TIME OF INJURY (Month) 6 (Day) 3 (Year) 1955 (Hour) 2 M.
21e. INJURY OCCURRED While at work ☐ 2 Not while at work ☐ 1
21f. HOW DID INJURY OCCUR? unknown

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE James J. Marah M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 6/5/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 6/8/55
NAME OF CEMETERY OR CREMATORY Memorial Park
LOCATION (City, town, or county) Frostburg (State) Md
DATE REC'D BY LOCAL REG. June 6, 1955
REGISTRAR'S SIGNATURE Catharine Ward
24. FUNERAL DIRECTOR John C. Hoffman
ADDRESS Frostburg Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05453

5449 CERTIFICATE OF DEATH Reg. Dist. No. 26

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Grimes Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandyville
STREET ADDRESS (If rural give location) R. 1 Finksburg

3. NAME OF DECEASED: (Type or Print) (First) Claude (Middle) Garrettson (Last) Buckingham
4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Feb. 23, 1877
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Inspector
10b. KIND OF BUSINESS OR INDUSTRY: Burglar Alarm
11. BIRTHPLACE (State or foreign country): Finksburg, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edwin Nelson Buckingham
14. MOTHER'S MAIDEN NAME: Fanny Garrettson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ------
16. SOCIAL SECURITY NO.: 215-05-0960
17. INFORMANT & ADDRESS: Mrs. Myrle Buckingham Finksburg, R.1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Carcinoma of sigmoid
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (operation 1-55 + biopsy)
(b) DUE TO —
(c)
Interval Between Onset And Death: about 10-54

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 1-55
19b. MAJOR FINDINGS OF OPERATION ca of sigmoid
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15-54, to 6-16-55, that I last saw the deceased alive on 6-13, 1955, and that death occurred at 9:15 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) T. Billingslea, M.D. ADDRESS Westminster, Md. DATE SIGNED 6-16-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 19, 1955
NAME OF CEMETERY OR CREMATORY Sandymount Cemetery
LOCATION (City, town, or county) (State) Sandyville, Carroll. Md.
DATE REC'D BY LOCAL REGISTRAR 6-17-55
REGISTRAR'S SIGNATURE Hazel Grilla
24. FUNERAL DIRECTOR John R. Byers ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05454

5450

CERTIFICATE OF DEATH

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY do
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 03 X 2
STREET ADDRESS 2909 Penna. Ave. (If rural, give location) Ramon: Balto. 27, Md

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) EZRA (Last) BYERS

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: (Month, Day, Year) [illegible] 1913

9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Gen.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George E. Byers

14. MOTHER'S MAIDEN NAME: Lelia Speilman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-24-7084

17. INFORMANT & ADDRESS: Walter P. B[illegible] R.D.1 Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 9-20 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

James J. Shanck Deputy Medical Examiner Westminster Md 6, 11 55

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: June 11, 1955

NAME OF CEMETERY OR CREMATORY: Prudence Cemetery

LOCATION (City, town, or county) (State): Westminster Md.

DATE REC'D BY LOCAL REG.: 6-9-55

REGISTRAR'S SIGNATURE: Harvey Miller

24. FUNERAL DIRECTOR ADDRESS: B. Bankard & Son Westminster, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05455

5451

CERTIFICATE OF DEATH

Reg. Dist. No. 24

Items 2,12 FilmG182 6-13-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville

LENGTH OF STAY (in this place): 18y.7mo.12d.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City Zone 24 — SW 14

STREET ADDRESS (If rural give location): (City Hospital) 100 S. Jenney St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
SANTA		CATALFAMO	June	1	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	10-28-86	68 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Italy	Italy

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Dominic Triolo	Mary Mufale

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
1		Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary occlusion	2 hours+
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	Years
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Involutional psychosis, agitated depression. — Years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1 ..., 1955, to 6-1 ..., 1955, that I last saw the deceased alive on 6-1-, 1955, and that death occurred at 3:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Walter H. Sonnenfeldt M.D.	Springfield State Hosp.	6-1-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 4 1955	Holy Redeemer Cem.	4430 Belair Rd. Balt. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-2-55	[illegible]	Frank Dallarue	322 S. High St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05456

5452 **CERTIFICATE OF DEATH** Reg. Dist. No. 74

1. PLACE OF DEATH.
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 1month10days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City (15)
STREET ADDRESS (If rural give location) 1613 Park Heights Ave.

3. NAME OF DECEASED. (Type or Print) (First) LOUIS (Middle) (Last) CHESLER

4. DATE OF DEATH. (Month) June (Day) 13 (Year) 1955

5 SEX. Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH 7-5-83 | 9. AGE last birthday 71 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired). Salesman | 10B KIND OF BUSINESS OR INDUSTRY: Unk - | 11. BIRTHPLACE (State or foreign country): Russia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: Hyman Chesler | 14. MOTHER'S MAIDEN NAME Bessie — ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk - | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. Unk - | 17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — Years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis, general — Years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CBS with cerebral arteriosclerosis — 2 months

19A DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-7, 1955, to 6-13, 1955, that I last saw the deceased alive on 6-13, 1955, and that death occurred at 6:15PM, from the causes and on the date stated above.

SIGNATURE Walther H. Sommerfeldt M. D. | ADDRESS Springfield State Hosp. | DATE SIGNED 6-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6-15-55 | NAME OF CEMETERY OR CREMATORY Hebrew Friendship | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR June 14, 1955 | REGISTRAR'S SIGNATURE C. Harry Eckert | 24. FUNERAL DIRECTOR Jack Levin, Inc. | ADDRESS 2100 Eutaw Place Balto.

M

I

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05457

5453

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 198 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural give location): 236 High Street

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) (Last) Cornish
4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 19 55
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1863
9. AGE Last birthday: 92 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Meekins Neck, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Jane Kiah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mary McNamara - 236 High Street, Cambridge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: (a) Far adv. bilateral pulmonary tuberculosis
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.: (b) Arterio Sclerosis (Senalis)
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13- 19 54, to 6-29- 19 55, that I last saw the deceased alive on 6-29- 19 55, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE: T. F. Coale M.D (Degree or title)
ADDRESS: Henryton, Maryland
DATE SIGNED: 6-29-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal - Burial
DATE THEREOF: 7/2/1955
NAME OF CEMETERY OR CREMATORY: Meekins Neck
LOCATION (City, town, or county) (State): Dorchester Co. Md
DATE REC'D BY LOCAL REGISTRAR: 6-29-55
REGISTRAR'S SIGNATURE: Albert R. Swanbrow
24. FUNERAL DIRECTOR: Herbert M. Clark Jr. Cambridge, Md
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05458

5454

CERTIFICATE OF DEATH

Reg. Dist. No. 7 6

Item 9 FilmG183 6/27/55 b

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X Rural + Westminster
LENGTH OF STAY (in this place) 63yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Uniontown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Westminster X
STREET ADDRESS (If rural give location) Uniontown Road

3. NAME OF DECEASED: (Type or Print) (First) LEO (Middle) NORBERT (Last) DALEY
4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1955
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Jul. 17. 1891
9. AGE last birthday: 63 64 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Florist
11. BIRTHPLACE (State or foreign country): Westminster Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Daley
14. MOTHER'S MAIDEN NAME: Florence Yingling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ?
16. SOCIAL SECURITY No.: 213-05-7567
17. INFORMANT & ADDRESS: Mrs L. N. Daley, Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Coronary Occlusion — Interval Between Onset And Death: Few minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Vascular disease + hypertension — 2 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1st, 1955, to June 15th, 1955, that I last saw the deceased alive on June 13th, 1955, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. F. Billingslea, M.D. ADDRESS Westminster, Md. DATE SIGNED 6-15-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/18/55
NAME OF CEMETERY OR CREMATORY St. Johns Cemetery
LOCATION (City, town, or county) (State) Westminster Md.

DATE REC'D BY LOCAL REGISTRAR 6-21-55
REGISTRAR'S SIGNATURE Hamut Miller
24. FUNERAL DIRECTOR J. S. Myers Jr. ADDRESS Westminster, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5437 **CERTIFICATE OF DEATH**

05459
Reg. Dist. No. 36

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 12 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 220 E. Main

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural give location) 220 E. Main

3. NAME OF DECEASED: (First) SUSAN (Middle) BIRDIE (Last) DORSET
4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: May 11, 1867
9. AGE last birthday: 88 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Henry Somerville
14. MOTHER'S MAIDEN NAME: Mary Kuhns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Ira E. Dorsey Jr. 220 E. Main Westminster, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Bronchial Pneumonia	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Bronchitis acute	2 days
	DUE TO (c) Cardio Renal Vascular	3 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-13, 1955, to 6-18, 1955, that I last saw the deceased alive on 6-15, 1955, and that death occurred at 6-18-55 from the causes and on the date stated above.
SIGNATURE (Degree or title) Chas R Featy M D ADDRESS Westminster DATE SIGNED 6-20-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 21, 1955
NAME OF CEMETERY OR CREMATORY St. Johns Cemetery
LOCATION (City, town, or county) Ellicott City (State) Md.
DATE REC'D BY LOCAL REGISTRAR 6-20-55
REGISTRAR'S SIGNATURE Harriet Miller
24. FUNERAL DIRECTOR J. Bankard & Son ADDRESS Westminster, Md.

05460

MARYLAND 5455

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Rural, Westminster
LENGTH OF STAY (in this place): 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Westminster, Md. R. D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Westminster X
STREET ADDRESS (If rural, give location): Westminster, Md. R. D. 1

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Bernard (Last) Ecker

4. DATE OF DEATH (Month) (Day) (Year): 6/27/55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12/3/1874

9. AGE last birthday: 80 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Frederick Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gena Ecker

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 217-28-6107

17. INFORMANT AND ADDRESS: Mrs Cota Sterner Westminster, Md. R-1
Mrs. Ecta Sterner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Thrombosis — Interval between onset and death: ½ hr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Sclerosis & Chronic Myocarditis — 5 yrs

(c) Hypertension — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June .., 19.55, to June 27, 19.55, that I last saw the deceased alive on June 27, 1955, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William Ecker Md ADDRESS: Westminster Md DATE SIGNED: June 28/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6/30/55 — NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery — LOCATION (City, town, or county) (State): Silver Run, Carroll Co., Md.

DATE REC'D BY LOCAL REG.: 6-28-55 — REGISTRAR'S SIGNATURE: Harriet Miller

24. FUNERAL DIRECTOR: J. M. Little & Son — ADDRESS: Littlestown, Pa.
Per R. A. Little - Partner.

5456

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05461

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown — LENGTH OF STAY (In this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) HENRY (Last) EHRHART

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: Wh | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Aug 5, 1907 | 9. AGE last birthday: 47 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Worked Upon Farm | 10b. KIND OF BUSINESS OR INDUSTRY: Farm | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not known | 14. MOTHER'S MAIDEN NAME: Nellie Eberhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown. (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 220-26-0621 | 17. INFORMANT AND ADDRESS: Mrs. Lena H. Ehrhart, Uniontown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound of head — Interval between onset and death: Minutes

9764 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) Farm | (CITY OR TOWN) Melborn | (COUNTY) Carroll | (STATE) Md

TIME OF INJURY (Month) 6 (Day) 9 (Year) 1955 (Hour) 4 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Gunshot shot

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide X, homicide ___, undetermined ___.*

SIGNATURE: Wm J. Thomas (Degree or title) Deputy Medical Examiner | ADDRESS: Westminster Md. | DATE SIGNED: 6/9/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6/12/55 | NAME OF CEMETERY OR CREMATORY: Lazarus | LOCATION (City, town, or county) (State): Uniontown, Md

DATE REC'D BY LOCAL REG.: June 11-55 | REGISTRAR'S SIGNATURE: Mrs. W.P.L. Demmer

24. FUNERAL DIRECTOR: H. C. Saylor & Son | ADDRESS: Glen Rock, Pa

H. C. Saylor

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05462

5457

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: Springfield State Hospital
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR X TOWN Sykesville
LENGTH OF STAY (in this place) 47 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15

2. USUAL RESIDENCE (HOME) OF DECEASED: 20 Black Rock Rd. Hampstead
STATE Maryland COUNTY Carroll 085
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead X
STREET ADDRESS (If rural, give location) 20 Black Rock Rd. 1

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) Franklin (Last) Ensor

4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: June 19-1880

9. AGE last birthday 75 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fermer

10B. KIND OF BUSINESS OR INDUSTRY: agriculture

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Ensor

14. MOTHER'S MAIDEN NAME: Martha Ellen ~ ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr.J.S.Ensor(son) and Mrs.V.K.Leister(daughter) 20 Black Rock Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 450.0

(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: several days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized arteriosclerosis — years

DUE TO (C)

II SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CAUSE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: C

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5- , 1955, to 6-22- , 1955, that I last saw the deceased alive on 6-21- , 1955, and that death occurred at 12.40A M, from the causes and on the date stated above.

SIGNATURE Walther H. Sonnenfeldt. M. D. ADDRESS Springfield State Hospital DATE SIGNED 6-22-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF June 27, 55 | NAME OF CEMETERY OR CREMATORY Grave Run | LOCATION (City, town, or county) (State) Baltimore Co Md.

DATE REC'D BY LOCAL REGISTRAR June 22, 1955 | REGISTRAR'S SIGNATURE E. Harry Weber | 24. FUNERAL DIRECTOR E.C. Tipton | ADDRESS Hampstead

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05463

5458

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural-Westminster — LENGTH OF STAY (In this place) 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS 50

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural--Westminster

STREET ADDRESS (If rural, give location) r.d. # 6

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
FRANK	DEWITT	FARVER	June	12	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
male	white	married	1-6-1901	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
farmer	owner	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Rezin Farver	Catherine Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs. Lula Farver, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ... DUE TO

(c) ...

INTERVAL BETWEEN ONSET AND DEATH: Minutes

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Gunbladder disease - Arrest -

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
6		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from June 12, 1955, to June 12, 1955, that I last saw the deceased alive on June 12, 1955, and that death occurred at 8 P.m., from the causes and on the date stated above.

SIGNATURE James G. Maxwell — (DEGREE OR TITLE) M.D. — ADDRESS Westminster Md — DATE SIGNED June 12-1955

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
BURIAL	6-16-1955	Taylorsville	Carroll Co., Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-15-55	Hazel Miller	C. M. Waltz,	Winfield, Maryland

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05464

5438

CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 27 Westminster
LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 94 County Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleburg
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) J. (Last) GRIFFIN

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 1875

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - house

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) unknown

16. SOCIAL SECURITY NO.: 219-12-1269

17. INFORMANT & ADDRESS: Home records Westminster, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Pulmonary oedema — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Cardio Vascular Disease — DUE TO

(c)

422.1

INTERVAL BETWEEN ONSET AND DEATH: (a) 3 days; (b) years 63

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. No

19a. DATE OF OPERATION: No — **19b. MAJOR FINDINGS OF OPERATION:** X — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X — (CITY OR TOWN) X — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. X — INJURY OCCURRED While at work ☐ Not while at work ☐ X — HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from June 7, 1955, to June 15, 1955, that I last saw the deceased alive on June 13, 1955, and that death occurred at 6 a.m. from the causes and on the date stated above.

SIGNATURE W. C. Stone M.D. (DEGREE OR TITLE) 121 E. Main St. Westminster (ADDRESS) DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 6/17/55 — NAME OF CEMETERY OR CREMATORY Pinecrest Mem. Park — LOCATION (City, town, or county) Hagerstown — (State) Md.

DATE REC'D BY LOCAL REG. 6-16-55 — REGISTRAR'S SIGNATURE Harriet Quillen

24. FUNERAL DIRECTOR N. D. Hartman & Son — ADDRESS Union Bridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05465

5459

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Sykesville
LENGTH OF STAY (in this place) 64 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 98 Hand View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Louise (Last) Harris

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1955

5. SEX: F. 6. COLOR OR RACE: W 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single 8. DATE OF BIRTH: Mar. 12, 1891 9. AGE last birthday 64 yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use if retired): Store Owner
10B. KIND OF BUSINESS OR INDUSTRY: Clothing store
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Harris
14. MOTHER'S MAIDEN NAME: Irene Alberta Steele

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 227-09-0257
17. INFORMANT & ADDRESS: Mr J. Marion Harris - Sykesville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 4437	(A) Cerebral Hemorrhage	25 hr.
ANTECEDENT CAUSE (S) DUE TO	(B) arteriosclerotic cardiovascular disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) with hypertension	10 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19 .., to 23 June, 1955, that I last saw the deceased alive on 23 June, 1955, and that death occurred at 11:55 PM, from the causes and on the date stated above.
SIGNATURE C. H. Lavorn M.D. ADDRESS Sykesville P.O., Md. DATE SIGNED 6/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-26-55
NAME OF CEMETERY OR CREMATORY Springfield
LOCATION (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REGISTRAR June 24, 1955
REGISTRAR'S SIGNATURE C. Harry Eberly
24. FUNERAL DIRECTOR Fielder H. Haight ADDRESS Sykesville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05466

5460 **CERTIFICATE OF DEATH** Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—11-53

1. PLACE OF DEATH: COUNTY Carroll; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural - Sykesville; MARYLAND LENGTH OF STAY (in this place) since 5/30/34; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural give location) 913 Thayer Avenue

3. NAME OF DECEASED: (Type or Print) (First) Oscar (Middle) Alexander (Last) HERRIMAN

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widower

8. DATE OF BIRTH: Sept. 18, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 Hrs.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Carpentry

11. BIRTHPLACE (State or foreign country): St. Mary's Co., Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Melvin H. Herriman

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Lyon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ——

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) General Paresis of insane (025) — INTERVAL BETWEEN ONSET AND DEATH: 24 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —— 19B. MAJOR FINDINGS OF OPERATION: ——

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm factory, street, office bldg., etc.) OF INJURY: ——

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State): ——

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.: ——

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? ——

22. I hereby certify that I attended the deceased from Oct 27, 1949 to June 4, 1955, that I last saw the deceased alive on June 4, 1955, and that death occurred at 11:A M, from the causes and on the date stated above.

SIGNATURE: Florian Nadolski M.D — ADDRESS: Sykesville, Md — DATE SIGNED: June 4, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: June 7, 1955 — NAME OF CEMETERY OR CREMATORY: Grace Episcopal — LOCATION (City, town, or county) (State): Silver Spring Md.

DATE REC'D BY LOCAL REGISTRAR: June 5, 1955 — REGISTRAR'S SIGNATURE: C. Harry Tilden

24. FUNERAL DIRECTOR: Warren E. Pumphrey, Inc. — ADDRESS: Silver Spring Md

MARYLAND

5461

05467

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (In this place): 2y-3m-15 d
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hop pital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1915 Orleans Street, Baltimore 31, Md.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Thomas (Last) Holtz

4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 8-4-1883

9. AGE last birthday: 71 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman

10b. KIND OF BUSINESS OR INDUSTRY: Unk-

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Holtz

14. MOTHER'S MAIDEN NAME: Rosey Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: unknown

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Inanition with edema due to congestion — Interval Between Onset and Death: 3 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Liver cirrhosis — years

(c) Arteriosclerotic cardiovascular disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — years

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21- ., 19 55 ., to 6-3- ., 1955 ., that I last saw the deceased alive on 6-3- 19 55 , and that death occurred at 6-3-55 10PM from the causes and on the date stated above.

SIGNATURE (Degree or title): Edmund Lustman — ADDRESS: Springfield State Hospital — DATE SIGNED: 6 - 4 - 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 7, 1955 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: June 4, 1955 — REGISTRAR'S SIGNATURE: C. Harry Weed

24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05468

5462 CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Sykesville
LENGTH OF STAY (in this place) 10month17days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park (12) 15-17-2
STREET ADDRESS (If rural give location) 7316 Baltimore Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
LAWRENCE	GRANT	HOOVER	June	22	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	7-6-85	69 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
School Principal		West Virginia	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jefferson Hoover	Alice Nicholson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
4 No			Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

334X
Immediate cause (a) Bronchopneumonia — 24 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — Years
DUE TO (c) Arteriosclerosis, general — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS assoc. with circulatory disturbance with cerebral arteriosclerosis with psychotic reaction. — 1 year

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
no		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-8- ....,1954 , to 6-22 ...., 19 55, that I last saw the deceased alive on 6-22 , 1955., and that death occurred at 9:25 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Walter M Sonnenfeldt M.D.	Springfield State Hospital	6-22-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	6/24/55	Loudon Park Crem.	Balto., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-23-55	A W Hedrick	Wm. J. Vickers & Sons	Balto 17 Md.

15

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

05469

MARYLAND 5463

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville; LENGTH OF STAY (in this place) 23 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville; STREET ADDRESS (If rural, give location) Obrecht Road.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Franklin (Last) Howes

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3-20-1880

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant

10b. KIND OF BUSINESS OR INDUSTRY: Springfield Hospital

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Howes

14. MOTHER'S MAIDEN NAME: Mary Gaither

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Balbina Bandorick - Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a). Coronary thrombosis - Massive - Cardiac arrest — Interval Between Onset and Death: Mins

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b). Arteriosclerosis, Aortic stenosis. — June 55

(c)...

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov ..., 19 54, to June ..., 19 55, that I last saw the deceased alive on 6 June ..., 19 55, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE Howard E Hall M.D. (Degree or title) ADDRESS Sykesville, Md. DATE SIGNED 6 June 55

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE: 6-9-55 — NAME OF CEMETERY OR CREMATORY: Lorraine Park — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: June 7, 1955 — REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR: Luther N. Haight — ADDRESS: Sykesville, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05470

5464 **CERTIFICATE OF DEATH** Reg. Dist. No. ... ...

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Sykesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural give location) Sykesville, Md. 1

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Hopkins (Last) Hunt

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: 6/27/1880 | 9. AGE last birthday: 74 yrs. | IF UNDER 1 YEAR: Months 11 Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm.H.Hunt
14. MOTHER'S MAIDEN NAME: Sarah Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: John A. Hunt, 318 S. Fayette St

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coranary Occulsion — INTERVAL BETWEEN ONSET AND DEATH: Instantly

ANTECEDENT CAUSE (B) DUE TO Generalized arterio-sclerosis — about 10yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 3, 1955, to June 3, 1955, that I last saw the deceased alive on June 3, 1955, and that death occurred at 6:15 M. from the causes and on the date stated above.
SIGNATURE W W Martin M D ADDRESS Sykesville DATE SIGNED June 3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6/8/55 | NAME OF CEMETERY OR CREMATORY Woodlawn Mem | LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REGISTRAR 6-7-55 | REGISTRAR'S SIGNATURE [illegible] | FUNERAL DIRECTOR Philip Murray Sons | ADDRESS 2024 Eutaw St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05471

5465

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural - Sykesville
LENGTH OF STAY (in this place) Since 8/22/36
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) (Baltimore City Hospital) ✓

3. NAME OF DECEASED: (Type or Print) (First) Alexander (Middle) (Last) KARPOWICZ

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Unknown

8. DATE OF BIRTH. Unknown

9. AGE last birthday 69 ? yrs
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10B. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Unknown - Alien Registration Receipt No. 1663051

12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unk -

17. INFORMANT & ADDRESS: Patient came here from Balto. City Hospitals - No information.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	241X	(A) Bronchopneumonia	1 day
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO	(B) Bronchial asthma	10 years
	DUE TO	(C)	

SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE OR CONDITION CAUSING DEATH Schizophrenia, Catatonic type.

19A. DATE OF OPERATION: --- 0 | 19B. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ---

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ---

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) --- M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 10, , 1948, to June 28, 1955, that I last saw the deceased alive on June 28, 1955, and that death occurred at 6:40 P M, from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. ADDRESS Martin Gross M. D. Sykesville, Md. DATE SIGNED June 28, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 7-1-55 | NAME OF CEMETERY OR CREMATORY University Medical School | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR July 1, 1955 | REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Madeline T. Hawley ADDRESS 578 W. Baltimore St.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5466

05472
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 81

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) BYRON (Middle) LEE (Last) LOWMAN

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	S	Nov 2 1951	3 yrs.	7			

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
—	—	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
J Kenneth Lowman	Frances Metcalfe

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	J Kenneth Lowman Union Bridge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fractured Skull - Dislocation Cervical Vertebra — Interval Between Onset and Death: Minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home - Farm	21c. (City or town) Union Bridge	(County) Carroll	(State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6 21 55 10 A.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Struck by truck.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Marsh M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 6/22/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	June 23 1955	Lutheran	Taneytown	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 24, 1955	Lucie L Kelly	D D Hartzler & Sons	Union Bridge

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05473

5467

CERTIFICATE OF DEATH

Reg. Dist. No. 22-83

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural--Mt. Airy
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural-- Mt. Airy
STREET ADDRESS (If rural give location) Harrisville

3. NAME OF DECEASED: (First) LEONARD (Middle) C. (Last) LOWMAN

4. DATE OF DEATH: (Month) June (Day) 13, (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: 9-6-1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Field Man

10B. KIND OF BUSINESS OR INDUSTRY: Mt.Airy,Canning Co

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dennis Lowman

14. MOTHER'S MAIDEN NAME: Amelia C. Fogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-09-9029A

17. INFORMANT & ADDRESS: Mrs. Goldie Lowman,Mt.Airy,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: About 40 minutes

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Coronary Arteriosclerosis — several years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 1955, to June ...., 1955, that I last saw the deceased alive on June 13 ...., 1955, and that death occurred at 7.25 P.M, from the causes and on the date stated above.

SIGNATURE W.B. Culwell M. D. ADDRESS mt. airy, md DATE SIGNED June 14, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 6-17-1955 — NAME OF CEMETERY OR CREMATORY Linganore — LOCATION (City, town, or county) (State) Unionville, Maryland

DATE REC'D BY LOCAL REGISTRAR June 17-1955 — REGISTRAR'S SIGNATURE Robert P. Hewitt.

24. FUNERAL DIRECTOR C.M.Waltz, ADDRESS Winfield,Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 115474

5468 CERTIFICATE OF DEATH Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Henryton
LENGTH OF STAY (in this place) 362
HOSPITAL OR INSTITUTION OR STREET ADDRESS 03 Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe 03512
STREET ADDRESS (If rural give location) 1900 N. East Avenue V

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) (Last) McDaniel
4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-16-1900
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Peter McDaniel
14. MOTHER'S MAIDEN NAME: Caroline Reed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-10-0704
17. INFORMANT & ADDRESS: Edward McDaniel--1900 N. East Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Far advanced bilateral cavitary pulmonary TB.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac insufficiency
DUE TO
(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-25, 1954, to 6-22-, 1955, that I last saw the deceased alive on 6-22-, 1955, and that death occurred at 11:30p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
T. F. Wood M D Henryton, Maryland 6-22-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-27-55
NAME OF CEMETERY OR CREMATORY Fairview Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Albert R. Smallwood
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son 106 E. Church St. Frederick, Md.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05475

5469 **CERTIFICATE OF DEATH** Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 2 y 7 m 10 days
15 HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unionville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) Irene (First) -- (Middle) Mc Neill (Last)

4. DATE OF DEATH: (Month) 6 (Day) 18 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH. 5-10-94

9. AGE last birthday 61 yrs
IF UNDER 1 YEAR, IF UNDER 24 HRS. Months Days Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. of Appt. House

10B KIND OF BUSINESS OR INDUSTRY: Renting

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Mc Neill

14. MOTHER'S MAIDEN NAME: Amanda Arbuckle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-03-1477 Unknown

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic heart disease with gener. arteriosclerosis — years

DUE TO (C) Diabetes — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Chronic Brain Syndrome ass. with cerebr. arterioscl. & circul. disturbance — 2 years

19A DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-19, 1955, to 6-18-, 1955, that I last saw the deceased alive on 6-18-, 1955, and that death occurred at 11.30AM from the causes and on the date stated above.

SIGNATURE Edmund Lusthaus M. D. ADDRESS Springfield State Hospital DATE SIGNED 6-18-55

Edmund Lusthaus

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF June 21, 1955 — NAME OF CEMETERY OR CREMATORY Olivet Cemetery — LOCATION (City, town, or county) Moorefield, W. Va. (State)

DATE REC'D BY LOCAL REGISTRAR June 19, 1955 — REGISTRAR'S SIGNATURE C. Harry Wise

24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND 5470

05476
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 3376

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (In this place) 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hales Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown 03X.2
STREET ADDRESS (If rural, give location) Cherry Hill Road

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) James (Last) Merrick
4. DATE OF DEATH (Month) (Day) (Year): June 15, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 13, 1896
9. AGE last birthday: 59 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employed in laundry
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore City
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Merrick
14. MOTHER'S MAIDEN NAME: Susie Slinning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO.: 218-09-3836
17. INFORMANT AND ADDRESS: Mary Merrick, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral & general arteriosclerosis 2 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) advanced Nephritis interstitial — 2 yrs

(c) Myocarditis - decompensated 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-40 to 6-15-55, that I last saw the deceased alive on 6-12-55, and that death occurred at 5:45 m. from the causes and on the date stated above.
SIGNATURE (Degree or title) James D. Suffell M.D. ADDRESS Reisterstown Md. DATE SIGNED 6-17-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: June 18, 1955
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 6-18-55
REGISTRAR'S SIGNATURE: Harry B. Eline.
Harriet Millers
24. FUNERAL DIRECTOR: J.F. Eline & Sons, Reisterstown, Md.
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05477

5471

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural, Westminster
LENGTH OF STAY (in this place) MARYLAND 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Medows View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Md 27
STREET ADDRESS (If rural give location) Willis St.

3. NAME OF DECEASED: (Type or Print) (First) GRACE (Middle) ETTA (Last) MILLER

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 7 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): Home Wife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Westminster Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua W. Hering

14. MOTHER'S MAIDEN NAME: Margret Henrietta Trumbo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs. J. Donald Harvey, Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Generalized Arteriosclerosis — Interval Between Onset And Death: years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1955, to June 4, 1955, that I last saw the deceased alive on June 2, 1955, and that death occurred at 7.30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James I Mayer M.D. ADDRESS Westminster Md DATE SIGNED June 4/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 6. 55 NAME OF CEMETERY OR CREMATORY Westminster Cemetery LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-4-55 REGISTRAR'S SIGNATURE Harriet Miller

24. FUNERAL DIRECTOR J. E. Myers Jr. ADDRESS Westminster Md

VS. A15

05478

MARYLAND 5472

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Sykesville
MARYLAND
LENGTH OF STAY (in this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manchester
STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) CORELL (Last) MILLER

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 6-4-1868

9. AGE last birthday: 87 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer retired

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John D. Miller

14. MOTHER'S MAIDEN NAME: Mary C. Feiser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Mary Shipley, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure, Arteriosclerosis, dry gangrene,	April 55
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis, edema,	June 55
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 May 55, to 9 June 55, that I last saw the deceased alive on 9 June 55, and that death occurred at 8:30 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Howard E Hall MD ADDRESS: Sykesville, Md DATE SIGNED: 9 June 55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: 6-11-1955
NAME OF CEMETERY OR CREMATORY: Mt. Hope
LOCATION (City, town, or county) (State): Woodsboro, Md.

DATE REC'D BY LOCAL REG.: June 10, 1955
REGISTRAR'S SIGNATURE: C. Harry Eckard

24. FUNERAL DIRECTOR ADDRESS: C.M. Waltz, Winfield, Maryland

MARGIN RESERVED FOR BINDING

05479

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5473

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH.
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural - Sykesville
LENGTH OF STAY (in this place) 3 yrs. 24 days
15 HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01.4
STREET ADDRESS (If rural give location) 411 E. North Avenue, Baltimore ✓

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) HENRY (Last) MULLIKIN

4. DATE OF DEATH: (Month) 6 (Day) 10 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 12/11/70
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY: Water Dept. (City)
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jasper Rubert H. Mullikin
14. MOTHER'S MAIDEN NAME: Isabelle Yealdhall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
260X IMMEDIATE CAUSE	(A) Bronchopneumonia	2 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Diabetic gangrene of buttocks	months
	DUE TO	
	(C) Diabetes Mellitus	unkno wn
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Chronic brain syndrome associated with senile brain disease, with psychotic reaction	2 years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4, 19 55 to 6/10, 19 55 that I last saw the deceased alive on 6/10, 19 55, and that death occurred at 9:47 AM, from the causes and on the date stated above.
SIGNATURE Edmund Luethans M. D.
ADDRESS Sykesville, Maryland
DATE SIGNED 6/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/13/55
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR June 11 1955
REGISTRAR'S SIGNATURE RW ✓
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons
ADDRESS Balto Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND 5474

05480
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 82-83

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Rural--Woodbine
LENGTH OF STAY (In this place): 55 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: (C)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Woodbine X
STREET ADDRESS (If rural, give location): Hoods Mill Rd. 1

3. NAME OF DECEASED (Type or Print): (First) Harry / (Middle) E / (Last) Pickett

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11 March XX82

9. AGE last birthday: 73 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant, Springfield

10b. KIND OF BUSINESS OR INDUSTRY: State Hosp.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Pickett

14. MOTHER'S MAIDEN NAME: Anna E. Duvall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Grace M. Pickett, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Cardiac Arrest. Cerebral hemorrhage. — Interval between onset and death: 2 Months

420.1 Antecedent cause(s) (b): Coronary insufficiency. Arteriosclerosis.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c): Hypertension. Obesity.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 June, 19 55, to 8 June, 19 55, that I last saw the deceased alive on 7 June, 19 55, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE: Howard E. Hall (Degree or title) MD — ADDRESS: Reisterstown, Md — DATE SIGNED: 8 June 55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 6-11-1955 — NAME OF CEMETERY OR CREMATORY: Morgan Chapel — LOCATION (City, town, or county) (State): Carroll Co., Maryland

DATE REC'D BY LOCAL REG.: June 10, 1955 — REGISTRAR'S SIGNATURE: Robert R. Hewitt

24. FUNERAL DIRECTOR — ADDRESS: C. M. Waltz, Winfield, Maryland

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05481

5475

CERTIFICATE OF DEATH

Reg. Dist. No. 77

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
LENGTH OF STAY (in this place) 73yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 N. Main St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead, Md
STREET ADDRESS (If rural give location) 106 N. Main St

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Elizabeth (Last) Resh

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 19 55

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow — 8. DATE OF BIRTH: June 2, 1874 — 9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Home — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Hoffman — 14. MOTHER'S MAIDEN NAME: Lydia Luckabaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If — (If Yes, give war or dates of service) no — 16. SOCIAL SECURITY NO.: — — 17. INFORMANT & ADDRESS: Dr George D. Resh Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Chronic Myocarditis — Interval Between Onset And Death: ?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Arteriosclerotic Cardio Renal Vascular disease — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1951, to June 20, 1955, that I last saw the deceased alive on June 20, 1955, and that death occurred at 9:50 P.M., from the causes and on the date stated above.

SIGNATURE Jacob E Resh (Degree or title) M D — ADDRESS Hampstead Md — DATE SIGNED June 20, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-23-55 — NAME OF CEMETERY OR CREMATORY Sweetmount — LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 6/21/55 — REGISTRAR'S SIGNATURE Henry Klees — 24. FUNERAL DIRECTOR Edw Stupton — ADDRESS Hampstead Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (05482)

5439 CERTIFICATE OF DEATH Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: County: Carroll — State: Maryland
City (If outside corporate limits, write RURAL and give nearest town) or Town: Westminster — Length of stay (In this place): 4 years
Hospital or Institution or Street Address: Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: State: Maryland — County: Carroll
City (If outside corporate limits, write RURAL and give nearest town) or Town: Westminster
Street Address (If rural give location): Rural

3. NAME OF DECEASED: (First) WILLIAM (Middle) H. (Last) ROBERTSON
4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1955
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: 12/3/1873
9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): farmer retired
10b. KIND OF BUSINESS OR INDUSTRY: owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Samuel Robertson
14. MOTHER'S MAIDEN NAME: Miranda Barnes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: S. J. Robertson, Westminster, Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4-42-X Immediate cause	(a) Cardio-renal-vascular disease	3 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) senility DUE TO	10 years
	(c) DUE TO	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	none	

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1946, to 6-6, 1955, that I last saw the deceased alive on 6-4, 1955, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Billingslea M.D. — ADDRESS: Westminster, Md. — DATE SIGNED: 6-8-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/8/55 — NAME OF CEMETERY OR CREMATORY: Methodist Cem. — LOCATION (City, town, or county): Uniontown — (State): Md.

DATE REC'D BY LOCAL REGISTRAR: 6-6-55 — REGISTRAR'S SIGNATURE: Harriet Miller — 24. FUNERAL DIRECTOR: D. D. Hartzler & Sons — ADDRESS: New Windsor, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05483

5476 CERTIFICATE OF DEATH Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sykesville
LENGTH OF STAY (in this place) 1yr.8mo.3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (31) 3405.4
STREET ADDRESS (If rural give location) 2229 Orleans Street

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) CRONIN (Last) ROTH
4. DATE OF DEATH: (Month) JUNE (Day) 21 (Year) 19 55
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 10-28-80
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Saleslady
10b. KIND OF BUSINESS OR INDUSTRY: Unk.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Patrick Cronin
14. MOTHER'S MAIDEN NAME: Catherine Downey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unk.
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS assoc. with circulatory disturbance, with cere. arteriosclerosis, psychotic reaction. — 4 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1955, to 6-21, 1955, that I last saw the deceased alive on 6-21, 1955, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter H. Sommerfeld M.D — ADDRESS Springfield State Hospital — DATE SIGNED 6-21-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-22-55 — NAME OF CEMETERY OR CREMATORY Springfield — LOCATION (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REGISTRAR June 22, 1955 — REGISTRAR'S SIGNATURE C. Harry Zinn

24. FUNERAL DIRECTOR. Luther H. Hartlet — ADDRESS Sykesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5477 05484

CERTIFICATE OF DEATH

Reg. Dist. No. 7H

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Sykesville
LENGTH OF STAY (in this place) 16 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
STREET ADDRESS (If rural give location) 21X-2

3. NAME OF DECEASED: (First) Harriet (Middle) Ann (Last) Shives
4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	August 27, 1872	82 yrs				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Creek
14. MOTHER'S MAIDEN NAME: Henrietta J. Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. --None--
17. INFORMANT & ADDRESS. Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary artery disease — INTERVAL BETWEEN ONSET AND DEATH: Weeks

ANTECEDENT CAUSE (B) DUE TO: General and cerebral arteriosclerosis — 16 years and longer

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Psychosis with arteriosclerosis — 16 years and longer

19A. DATE OF OPERATION: C
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-8 ..., 1938, to 6-8 ..., 1955 that I last saw the deceased alive on 6-7 ..., 1955, and that death occurred at 9:20 AM, from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeld M.D. ADDRESS Springfield State Hospital Sykesville Md. DATE SIGNED 6-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-11-55	Piney Plains Methodist	Little Orleans Allegany Md

DATE REC'D BY LOCAL REGISTRAR: June 9, 1955
REGISTRAR'S SIGNATURE: C. Harry Weld
24. FUNERAL DIRECTOR ADDRESS: Howard L. Grove Hancock Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05485

5473

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Nr. Westminster
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Mills, Westminster, Md. R. D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Nr. Westminster
STREET ADDRESS (If rural give location): Union Mills, Westminster, Md. R.D. 1

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) Elizabeth (Last) Shorb

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/12/1896

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired: Housewife, Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Carroll Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Orestus Feeser

14. MOTHER'S MAIDEN NAME: Isadore Kump

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No.

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Harvey J. Shorb. Westminster, Md. R. D. 1
Harvey J. Shorb

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death: 9 months

Immediate cause (a) Carcinoma of Lung DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1955, to June 17, 1955, that I last saw the deceased alive on June 16, 1955, and that death occurred at 3:50 P, from the causes and on the date stated above.

SIGNATURE (Degree or title) L. L. Potter M.D. ADDRESS Littlestown, Pa DATE SIGNED June 18, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 6/20/55 — **NAME OF CEMETERY OR CREMATORY:** St. Marys Cemetery — **LOCATION (City, town, or county) (State):** Silver Run, Carroll Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 6-18-55 — **REGISTRAR'S SIGNATURE:** Harriet Smith

24. FUNERAL DIRECTOR: J. M. Little & Son — **ADDRESS:** Littlestown, Pa.
Per R. A. Little

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5440

05486

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
County CARROLL
City or town WESTMINSTER (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? ONE YEAR
Hospital, institution, or street address where death occurred: NONE
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State MARYLAND County CARROLL
City or town WESTMINSTER (If outside city or town limits, write RURAL and give nearest town)
Street No. 34 LIBERTY (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME LEE THOMAS SMITH

3.(b) Social Security Number 219-14-7889

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	WIDOWER

6.(b) Name of husband or wife ZELMA SMITH

7. Birth date of deceased (mo., day, yr.) 3/15/1882 6.(c) If alive, give age years

8. AGE: Years 73 | Months 2 | Days 29 | If less than one day ... hrs. ... min.

9. Birthplace Frederick Co. Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farming - General.

FATHER 12. Name Bradley

13. Birthplace Frederick Co. Md

MOTHER 14. Maiden name Mary Bostian

15. Birthplace Frederick Co. Md

16. Informant Lester Weyant - Address 34 Liberty St. Westminster, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-16-1955 (month) (day) (year)

Cemetery or crematory EBENEZER

Location Carroll Co. Maryland

18. Funeral director C. M. Walsh

Winfield, Maryland

19. 6-16-1955 (Date rec'd by registrar) Howard Hunter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13 1955 at 12.05 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/12 1955 to 6/13 1955 and that I last saw h... alive on 6/12 1955

Immediate cause of death	DURATION
Acute Cerebral Hemorrhage	6 hrs.
Due to Senile Cerebro Sclerosis	10 yrs
Due to	
Other conditions	

331X

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. Luther Bair, M.D. M. D. or other

Address Westminster, Md Date signed 6/13/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05487

5479

Item 9, File 6182 6-8-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Sykesville
LENGTH OF STAY (in this place) 4 yrs
14 HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Field State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 Y 0 1-4
STREET ADDRESS (If rural give location) 522 N Ellwood Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Blanche (Last) Sonnebeck
4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow
8. DATE OF BIRTH: Aug 16 1868
9. AGE last birthday 86 Y 10 M 17 D yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Operator
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Kuhn
14. MOTHER'S MAIDEN NAME: Lily Scholl
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: Mrs Hattie Steely

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 da

ANTECEDENT CAUSE (B) DUE TO Gen Arterio Sclerosis — 15 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun 24, 1955, to June 3, 1955 that I last saw the deceased alive on June 3, 1955, and that death occurred at 4:20 M, from the causes and on the date stated above.
SIGNATURE M M Martin M D ADDRESS Sykesville Md DATE SIGNED June 3-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-6-55
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) (State) Balto. County

DATE REC'D BY LOCAL REGISTRAR June 6, 1955
REGISTRAR'S SIGNATURE Harry Weeks
24. FUNERAL DIRECTOR Ino. A. Cole ADDRESS 1913 W. Balto. St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05488

Item 5480 Filmed 7-5-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: Springfield State Hospital.
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Sykesville
LENGTH OF STAY (in this place) 5 years 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Gateway Inn
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 21-03-2
STREET ADDRESS (If rural give location) Gateway Inn

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Jackson (Last) Stocksdale

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-22-70

9. AGE last birthday: 85 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never do not record): Farmer and railroader

10B. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H.Stocksdale

14. MOTHER'S MAIDEN NAME: Julia Ann William

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

16. (If Yes, give war or dates of service)

17. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Mrs.Vallie Marlowe (daughter) 223Frederick st.Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 420.0

(A) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Arteriosclerosis Heart disease — years

DUE TO (C) Generalized Arteriosclerosis. — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile psychoses — 6 years +

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Hospital

21C. WHERE DID INJURY OCCUR? (City or town) Sykesville (County) (State) Md.

21D. TIME OF INJURY (Month) May (Day) 15 (Year) 1955 (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [X]

21F. HOW DID INJURY OCCUR? Patient fell down while in the commode chair

22. I hereby certify that I attended the deceased from 5-25- , 19 49 to 6-26 , 19 55 that I last saw the deceased alive on 6-26 , 1955 , and that death occurred at 2.35 P M, from the causes and on the date stated above.

SIGNATURE Walther H. Sonnenfeldt M D. ADDRESS Springfield Satete Hospital DATE SIGNED 6-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 6/29/55
NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
LOCATION (City, town, or county) (State): Williamsport, Maryland

DATE REC'D BY LOCAL REGISTRAR: June 22/1955
REGISTRAR'S SIGNATURE: C. Harry Klein

24. FUNERAL DIRECTOR: Albert L. Leaf ADDRESS: Williamsport, M

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05484 C

5481 CERTIFICATE OF DEATH Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Henryton
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 03 Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 Yrs 4
STREET ADDRESS (If rural give location) 522 N. Fremont Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Edward (Last) Thomas
4. DATE OF DEATH: (Month) 6 (Day) 26 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-25-1897
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Recreation Center
11. BIRTHPLACE (State or foreign country): Rock Hill, N. C.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Charles Thomas
14. MOTHER'S MAIDEN NAME: Sallie Keene
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-05-3104
17. INFORMANT & ADDRESS: Lillian Thomas, 522 N. Fremont Avenue, Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.2
Immediate cause (a) Cardiac insufficiency
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pulmonary edema
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-22, 1955, to 6-26, 1955 that I last saw the deceased alive on 6-26, 1955, and that death occurred at 10:03 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
X T. F. Leopal M.D Henryton, Maryland 6-26-55

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6-29-55 NAME OF CEMETERY OR CREMATORY Mt Calvary LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR C. O. Gibson ADDRESS 1000 Russell St. Balto.

VS. A15

MARYLAND 5482

05490

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GAMBER | LENGTH OF STAY (in this place) 3 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GAMBER
STREET ADDRESS (If rural, give location) R.F.D - #1

3. NAME OF DECEASED (Type or Print): (First) MILDRED (Middle) MARY (Last) VonLINDENBERG
4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1955
5. SEX: F
6. COLOR OR RACE: WHT
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: 5/24/1905
9. AGE last birthday: 50 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): BALTO
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: NORMAN ZEIGLER
14. MOTHER'S MAIDEN NAME: NOT KNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: EDWIN VonLINDENBERG GAMBER MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X Immediate cause (a) Carcinoma of uterus — Interval Between Onset and Death: 1yr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastasis & (c) cachexia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-54, 19..., to 6-13-55, 19..., that I last saw the deceased alive on 6-13-55, 19..., and that death occurred at 845P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Saffell M.D. — ADDRESS Reisterstown Md — DATE SIGNED 6.13.55

23. BURIAL, CREMATION or REMOVAL (Specify): BURIAL — DATE 6-16-55 — NAME OF CEMETERY OR CREMATORY: PROVIDENCE CEMETERY — LOCATION (City, town, or county): GAMBER — (State): MD

DATE REC'D BY LOCAL REG. 6-15-55 — REGISTRAR'S SIGNATURE R.W. Hedrick — 24. FUNERAL DIRECTOR: GEO. H. LEIMBACH. N. LYNDHURST ST — ADDRESS 525

MARGIN RESERVED FOR BINDING

Item 21f Film G183 7-12-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06094

5483

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Westminster | LENGTH OF STAY (In this place) Since birth
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 140

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural, give location) Shrimpdale Road

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) (Last) WARFIELD

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 6 1891

9. AGE last birthday: 64 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sand Digger

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Warfield

14. MOTHER'S MAIDEN NAME: Elizabeth Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Henrietta Warfield New Windsor Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812 Immediate cause (a) Comp. Comminuted Frac. Skull.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: Minute

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 140. (CITY OR TOWN) Westminster (COUNTY) Carroll (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐ 1
HOW DID INJURY OCCUR? Struck by automobile - Pedestrian

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) James T. Shand Deputy Med. Examiner | ADDRESS Westminster Md | DATE SIGNED 6/11/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF June 13, 1955 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | LOCATION (City, town, or county) New Windsor and (State) Md.

DATE REC'D BY LOCAL REG. 6-12-55 | REGISTRAR'S SIGNATURE Hamet Miller

24. FUNERAL DIRECTOR H. Bankard & Son | ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A